

FORM 15

[See rule 17]

Notice of change of place of registered office

Note – All fields marked in *are to be mandatorily filled.

1. *LLPIN
2. *Name of the Limited Liability Partnership
3. *Present address of the registered office of the limited liability partnership
- *Line I
- *Line II
- *City:
- *State:
- *ISO Country Code:
- * Country:
- *Pin code:
- Phone (with STD Code)
- Fax:
- *Email:

4. *New address of the registered office of the limited liability partnership
- *Line I
- *Line II
- *City:
- *State:
- *ISO Country Code:
- *Country
- *Pin code:
- Phone (with STD Code)
- Fax:
- Email:

5. *The full address of the police station under whose jurisdiction the new registered office address of the limited liability partnership is situated

*Name	<input type="text"/>
Address	
*Line I	<input type="text"/>
*Line II	<input type="text"/>
*City/Town/village:	<input type="text"/>
*Tehsil:	<input type="text"/>
*District:	<input type="text"/>
*State:	<input type="text"/>
*Pin code:	<input type="text"/>

6. Particulars of prosecutions initiated against or show cause notices received by the LLP for alleged offences under the Act.

7. *Change of place of registered office is -

- Within the same city/town/village.
- From one place to another place within the same State.
- Within the State from the jurisdiction of one Registrar to the jurisdiction of another Registrar.
- Change of place of the registered office from one State to another State.

8. Dates of publication of public notice in the newspapers

(Applicable where change of place of the registered office is from one State to another).

9. *Date of complying with sub-rule (1) or sub-rule (4) of rule 17.

Attachments.

- (i) Proof of changed address of registered office.
- (ii) Copy of the minutes of decision/resolution/consent of partners
- (iii) The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any.
- (iv) Copies of public notice, if applicable.
- (v) Consent of secured creditors, if applicable.
- (vi) Optional attachment.

Verification

To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.

I a designated partner of (name of the LLP), am authorized to sign and submit this form.

To be digitally signed by designated partner

DPIN

Date:

Place:

Certificate

It is hereby certified that I have verified the above particulars from the books and records of (name of the LLP) and found them to be true and correct.

Company Secretary in practice Chartered Accountant in practice Cost Accountant in practice

To be digitally signed by

Certificate of Practice Number

Date:

Place:

For Office use only:

This e-Form is hereby registered

Digital Signature of the authorizing officer

Submit to BO